

111TH CONGRESS
1ST SESSION

H. R. 2596

To authorize the Secretary of Health and Human Services to carry out a demonstration program to test the feasibility of using the Nation's elementary and secondary schools as influenza vaccination centers.

IN THE HOUSE OF REPRESENTATIVES

MAY 21, 2009

Mr. GENE GREEN of Texas (for himself and Mr. TIM MURPHY of Pennsylvania) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To authorize the Secretary of Health and Human Services to carry out a demonstration program to test the feasibility of using the Nation's elementary and secondary schools as influenza vaccination centers.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “No Child Left
5 Unimmunized Against Influenza Act of 2009”.

1 **SEC. 2. FINDINGS.**

2 The Congress finds as follows:

3 (1) The influenza is a contagious respiratory ill-
4 ness caused by influenza viruses. The best way to
5 prevent the influenza is by getting a influenza vac-
6 cination each year.

7 (2) Every year in the United States, on aver-
8 age, more than 200,000 people are hospitalized from
9 influenza-related complications, and about 36,000
10 people die from influenza-related causes.

11 (3) The Centers for Disease Control and Pre-
12 vention (CDC) Advisory Committee on Immuniza-
13 tion Practices recommends routine influenza vac-
14 cination for all children aged 6 months through 18
15 years with influenza vaccine, effective July 1, 2008.

16 (4) Children 2 to 17 years of age are twice as
17 likely to get influenza as adults, including the elder-
18 ly.

19 (5) School-aged children are the population
20 group most responsible for transmission of con-
21 tagious respiratory viruses, including influenza.

22 (6) The elderly and young children are the most
23 vulnerable population to severe illness from influenza
24 due to weaker immune response to vaccination. Ex-
25 perts have recognized that the best way to protect

1 the elderly from influenza may be to vaccinate chil-
2 dren.

3 (7) School-based vaccination programs are ef-
4 fective and cost-saving ways to vaccinate children
5 while reducing transmission and infection rates to
6 the larger community and at the same time reducing
7 rates of school absenteeism due to influenza.

8 (8) Increased focus on providing influenza vac-
9 cine to children targeted for immunization will also
10 help efforts to build a sound foundation for future
11 vaccination efforts.

12 (9) School-based vaccination programs also po-
13 tentially represent the most feasible mechanism for
14 community-based pandemic vaccination.

15 (10) Increased participation in annual influenza
16 vaccination programs builds the infrastructure nec-
17 essary for pandemic vaccination.

18 (11) School-based programs will investigate the
19 feasibility of conducting mass immunization clinics
20 and build partnerships with local public health
21 teams, in the event of a public health emergency.

1 **SEC. 3. DEMONSTRATION PROGRAM USING ELEMENTARY**
2 **AND SECONDARY SCHOOLS AS INFLUENZA**
3 **VACCINATION CENTERS.**

4 (a) IN GENERAL.—The Secretary of Health and
5 Human Services, in consultation with the Secretary of
6 Education and the Secretary of Labor, shall carry out a
7 multistate demonstration program designed to test the
8 feasibility of using the Nation's elementary schools and
9 secondary schools as influenza vaccination centers in co-
10 ordination with school nurses, school health care pro-
11 grams, local health departments, community health care
12 providers, State insurance agencies, and private insurers.

13 (b) PROGRAM DESCRIPTION.—

14 (1) VACCINATION.—

15 (A) CHILDREN COVERED BY OTHER FED-
16 ERAL PROGRAMS.—For children who are eligible
17 under other federally funded programs for pay-
18 ment of the costs of purchasing and admin-
19 istering the influenza vaccine, the Secretary
20 shall not use the demonstration program under
21 this section to supplant payment of such costs.

22 (B) CHILDREN COVERED BY PRIVATE
23 HEALTH INSURANCE.—For children who have
24 private insurance, the Secretary shall work with
25 the Secretary of Labor, State insurance agen-
26 cies, and private insurers to ensure that such

1 children have coverage for all reasonable and
2 customary expenses, including the costs of pur-
3 chasing and administering the vaccine, incurred
4 when influenza vaccine is administered outside
5 of the physician's office in a school or other re-
6 lated setting.

7 (C) OTHER CHILDREN.—To the extent to
8 which payment of the costs of purchasing and
9 administering the influenza vaccine for children
10 is not covered through other federally funded
11 programs or through private insurance, the Sec-
12 retary may pay such costs through the dem-
13 onstration program under this section.

14 (2) ACIP RECOMMENDATIONS.—The dem-
15 onstration program shall be designed to administer
16 vaccines consistent with the recommendations of the
17 Advisory Committee on Immunization Practices for
18 the annual vaccination of all children aged 5 years
19 through 19 years.

20 (3) LOCATIONS.—

21 (A) SELECTION.—The Secretary, in con-
22 sultation with the Secretary of Education, shall
23 select the elementary schools and secondary
24 schools to participate in the demonstration pro-
25 gram.

1 (B) SELECTION CRITERIA.—The schools
2 selected under subparagraph (A) shall include
3 elementary schools and secondary schools—

4 (i) located in at least 10 metropolitan
5 regions in at least 10 States and serving
6 primarily low-income public school student
7 populations; and

8 (ii) located in at least 5 major areas
9 in at least 5 States served by rural school
10 districts.

11 (4) VOLUNTARY PARTICIPATION.—Participation
12 in the demonstration program by a school or an in-
13 dividual shall be voluntary.

14 (5) DURATION.—The demonstration program
15 shall be conducted for the 2010–2011 and 2011–
16 2012 influenza seasons.

17 (6) CHOICE OF VACCINE.—The demonstration
18 program shall not restrict the discretion of a health
19 care provider to administer any influenza vaccine ap-
20 proved by the Food and Drug Administration for
21 use in pediatric populations.

22 (c) REPORT.—Not later than 90 days following the
23 completion of the demonstration program under this sec-
24 tion, the Secretary shall submit to the Committees on
25 Education and Labor, Energy and Commerce, and Appro-

1 priations of the House of Representatives and to the Com-
2 mittees on Health, Education, Labor, and Pensions and
3 Appropriations of the Senate a report on the results of
4 the program. The report shall include—

5 (1) an assessment of the influenza vaccination
6 rates of school-aged children in localities where the
7 demonstration program is implemented, compared to
8 the national average influenza vaccination rates for
9 school-aged children, including whether school-based
10 vaccination assists in achieving the recommendations
11 of the Advisory Committee on Immunization Prac-
12 tices for annual influenza vaccination of all children
13 aged 6 months to 18 years;

14 (2) an assessment of the utility of employing el-
15 elementary schools and secondary schools as a part of
16 a multi-state, community-based pandemic response
17 program that is consistent with existing Federal and
18 State pandemic response plans;

19 (3) an assessment of the feasibility of using ex-
20 isting Federal and private insurance funding in es-
21 tablishing a multi-state, school-based vaccination
22 program for seasonal influenza vaccination;

23 (4) an assessment of the number of education
24 days gained by students as a result of seasonal vac-
25 cinations based on absenteeism rates;

1 (5) a determination of whether the demonstra-
2 tion program under this section—

3 (A) was successful; and

4 (B) was implemented for sufficient time
5 for gathering enough valid data; and

6 (6) a recommendation on whether the dem-
7 onstration program under this section should be con-
8 tinued, expanded, or terminated.

9 (d) DEFINITIONS.—In this section:

10 (1) The terms “elementary school” and “sec-
11 ondary school” have the meanings given such terms
12 in section 9101 of the Elementary and Secondary
13 Education Act of 1965 (20 U.S.C. 7801).

14 (2) The term “low-income” means at or below
15 200 percent of the income level specified in the most
16 recent applicable version of the Department of
17 Health and Human Services Poverty Guidelines per
18 person in a family unit.

19 (3) Except as otherwise specified, the term
20 “Secretary” means the Secretary of Health and
21 Human Services.

22 (e) AUTHORIZATION OF APPROPRIATIONS.—To carry
23 out this section, there is authorized to be appropriated
24 \$5,000,000 for each of fiscal years 2010 through 2012.

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